

Policy Title: **Provision of First Aid (Whole School)**

Date of Issue: September 2024

Date of Review: September 2026

References: The Health and Safety (First Aid) Regulations 1981
The Approved Code of Practice L7
The Health and Safety at Work Act 1974
The Education (School Premises) Regulations 1996
Health and Safety Policy (Whole School)
Concussion Policy
Public Health England – Guidance on infection control in Schools and other
childcare settings (2016)
Health, illness and emergency policy for the early years (Prep school)

Author: Director of Facilities

Version	Date	Amendments
V1.14	09/09/2024	Minor Amendments. Appendices updated and re-ordered

This policy is made available to parents of all pupils on request from the School Office. It is available to the Staff at the School from the School shared drive, in the Staff Handbook and on request from the School Office. Content of this policy is directly discussed with new staff upon induction into the School.

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Introduction

This policy is written as an extension of the School Health and Safety Policy and Health and Safety Statement of Intent as endorsed by the Governing Body. The School is a Registered Charity administered by a Governing Body with the Headmaster and the Chair of Governors deemed to be the proprietors who are charged with meeting statutory requirements. The Regulations require that employers put into effect appropriate provisions to ensure the effective management of a situation where an individual suffers an injury or becomes ill in the working environment. The School acknowledges its' duty of care to the needs of pupils, employees, visitors and contractors.

The School Nurse is nominated and charged with the responsibility of overseeing the First Aid provision in both the Senior and Prep Schools.

First Aid is meant to prevent a situation becoming more serious and those trained in first aid are trained to recognise the need to seek further professional medical attention where necessary.

Aim of Policy

The aim of this policy is to ensure that suitable and sufficient first aid provision is available at all times. This policy also meets the requirement for compliance with the Health and Safety (First Aid) Regulations 1981 made under the Health & Safety at Work Act 1974 that came into force on 1st July 1982. The School aims to:

- a. Make first-aid provision available at all times while people are on School premises and off the premises whilst on school visits/trips.
- b. Charge School Nurse with the responsibility of managing the provision of first aid within the School.
- c. Train sufficient persons to act as First Aiders and persons trained in basic first aid (refer to Appendix 1 and Appendix 2)
- d. Provide First Aid facilities and other appropriate equipment.
- e. Develop and promote procedures for informing employees of the first aid facilities available within the School and provide employees with up to date information of first aid arrangements. The school recognises that there could be up to 1000 persons on site (pupils, employees and visitors) on any one given school day. Surgery is located at the Lodge building and is staffed by the School Nurse.
- f. Train a minimum of one First Aider for every 100 persons on site and give training in basic first aid to all members of staff.
- g. Provide sufficient suitably stocked first aid containers.
- h. Provide suitably qualified personnel for all off-site activities and trips.
- i. Make First Aid provision available 'out of normal school hours' and this to be administered by and First aid at Work qualified staff on duty.
- j. Assess the provision of First Aid required based on the activities risk assessment and provide adequate provision for departments.

First Aid cover during term time is as below:

Person Responsible	Days	Times
School Nurse	Monday – Friday	0830hrs – 1630hrs
External First aid cover	Saturdays and evenings	As required to cover sporting and other activities as advised by the Director of Sports

Definitions

First Aid definitions are as below:

First Aid:

The purpose of providing First Aid is to preserve life and minimise the consequences of injury and illness until such help is obtained from a medical practitioner or nurse and to treat minor injuries which would otherwise receive no treatment or would not need treatment by a medical practitioner or nurse.

First Aider:

A person who is able to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at School. When necessary ensure that an ambulance or other professional medical help is called. This person will hold a valid certificate of competence in First Aid at Work issued by an organisation approved by the Health and Safety Executive (HSE). (Refer to Appendix 1)

Persons trained in Basic First Aid (PFA):

A suitably trained and informed person who is appointed to deal with minor and deteriorating conditions in a casualty and takes charge of the emergency first aid arrangements when someone is injured or becomes ill. This person is capable of looking after the first-aid equipment (re-stocking the first-aid container) and when necessary ensures that an ambulance or other professional medical help is called. (Refer to Appendix 2)

Persons trained in Early Years First Aid:

A suitably informed person who is trained to look after young children (i.e. under eight years of age). The normal place of work for these persons is the Prep school and they are available to accompany pupils on Early Years Foundation Stage educational visits. The training undertaken meets the standards required by Ofsted and the DFE Approved Carers Scheme. (Refer to Appendix 1)

Nominated First Aid Room:

The Senior school Medical Room is located adjacent to Main School Office on the ground floor of the Lodge within the Senior school. This is the nominated first aid room.

The Prep school has a nominated first aid room located within the Prep school office.

Provision Requirements

In order to determine suitable and sufficient provision for the administration of first aid every workplace shall have an assessment undertaken by a competent person of the first aid provisions necessary at that establishment. When assessing the provision account shall be taken of the following:

Prep school:	Minimum of 1 First Aider per 100 persons on site plus 1 person trained in basic first aid per 50 persons on site. Within the EYFS staff are trained in regard to paediatric first aid.
Senior school:	Minimum of 1 First Aider per 100 persons on site plus 1 person trained in basic first aid per 50 persons on site.
Support staff:	Minimum of 1 First Aider per 50 persons on site plus 1 person trained in basic first aid per 20 persons on site. (During working hours).

School policy requires all employees to undergo training in basic first aid, school staff undertake basic assessed first aid training during August INSET training. This training is recorded and certificated. All

new staff undertake induction training which includes an overview of the First Aid policy and procedures. The Head of Prep and assistant Head of co-curricular will then arrange first aid training for academic staff appropriate for their role. The Director of Facilities will arrange training for members of the Facilities team. On completion of training and assessment, the details shall be recorded as follows:

- a. The names of First Aiders together with their training record – Appendix 1.
- b. First Aid equipment, materials and facilities and who is responsible for them – Appendix 2.

Suitable travelling first aid kits for treating minor injuries are provided (minibuses/sports department) where employees work in isolation or the risk assessment for their work activities dictate. (Refer to Appendix 3 for contents of first aid containers)

Notices are clearly displayed in all buildings informing employees, pupils and others of how to summon first aid assistance. This also includes information on out of normal School hours arrangements (refer to Appendix 1)

Records shall be retained by First Aiders and persons trained in First Aid at Work on incidents which they attend. These records are retained in the Medical Room. The School incident, incident investigation and reporting procedures should be followed to ensure consistency in reporting (refer to Appendix 5). Injuries at sports fixtures should be recorded by the supervising member of the sports staff in the First Aid Records Booklet. These booklets are located in every sports First Aid Kit. At the next reasonable opportunity, the member of the sports staff dealing with the pupil should submit the form to the School Nurse in addition to completing the Incident Report Form.

First Aid provision shall be reviewed from time to time particularly after any operating changes to ensure that the provision remains appropriate.

Recording procedures

Treatments the School Nurse, First Aiders and persons trained in basic first aid must be recorded and retained by School Nurse in the Surgery. This includes entries recorded in the Incident Book and Incident Day Book. Any administration of medication or first aid or any accident or injury sustained by an EYFS child must be recorded on the same day or as reasonably practicable. These records must be kept for a minimum of three years.

Incidents Resulting in Injury or Near Miss

Duties and responsibilities are as below:

- a. School Nurse and the Prep school Secretary are responsible for completing the relevant online Incident forms at the time of the incident. In addition, they are responsible for completing the Head Injury Report and the Administration of Medicine Report, ensuring the top copy goes to the parent and the pink copy is held on file.
- b. Incidents to any member of staff, pupils and/or others must be reported to the Deputy Headmaster or Head of the Prep school who will inform the Headmaster. IN addition, it should be reported via the 'Incident resulting in injury or near miss form' (online), by the staff member who witnessed the incident or who was the first point of contact for the injured party. Once submitted, this form goes directly to the school nurse. Details of the Incident must also be given to the Facilities Manager and the Health & Safety Officer where the incident has resulted in transfer to hospital.
- c. School Nurse/Health & Safety Officer will carry out an investigation into incidents or incidents that occur both on and off site. A full report will be made to the Facilities Director
- d. **Reporting to HSE:** The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) to report the following to the HSE (during term time, this is done by the H&S Officer, having consulted the Facilities Manager and / or

Headmaster/Head of Prep school, and outside term time this is most easily done by calling the Incident Contact Centre (ICC) on 0845 300 99 23 (8am to 5pm)

Incidents involving staff:

- a. Work related incidents resulting in death or major injury (including as a result of physical violence) must be reported immediately to the Health and Safety Executive. Major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs;
- b. Work related incidents which prevent the injured person from continuing with his/her normal work for more than 7 days must be reported to the Health and Safety Executive within 10 days;
- c. Cases of work-related diseases that a doctor notifies the School of must be reported to the Health and Safety Executive. For example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer;
- d. Certain dangerous occurrences must be reported to the Health and Safety Executive. Near misses reportable examples: bursting of closed pipes; electrical short circuit causing fire or explosion; incidental release of any substance that may cause injury to health;
- e. Reporting of injuries, disease and dangerous occurrences must be reported to the Health and Safety Executive as soon as practicable, by phone or on-line.

Incidents involving pupils or visitors:

- a. incidents where the person is killed or is taken from the site of the incident to hospital and where the incident arises out of or in connection with:
 - a. equipment, machinery or substances;
 - b. the design or condition of the premises.
- b. Parents will be informed of the incident by telephone, or in person.
- c. For more information on how and what to report to the HSE, please see <http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

First Aid Procedure

First aid training and actions on an incident are as follows:

- a. Contact School Nurse or a First Aider immediately (list Appendix 1). In the case of extreme emergency ring the emergency services by dialling 999 direct and give a clear report as to the nature of the injury and treatment given.
- b. If a member of staff or pupil requires medical attention or hospital treatment then an ambulance will be summoned. Make sure you know to which hospital the patient is being taken.
- c. Ambulances: If an ambulance is called then the School Nurse or First Aider in charge should then plan for the ambulance to have access to the incident site. Arrangements should be made to ensure that any pupil is accompanied in the ambulance, or followed to hospital, by a member of staff. Parents will be contacted as soon as possible.
- d. School Nurse, the Deputy Head, Head of Prep school and/or Head of House will inform a relative/guardian. A member of staff will accompany the casualty to the hospital until such time as a relative/guardian arrives.
- e. If a spillage of blood or other bodily fluids occurs, the School Nurse or Housekeeping must be informed. School Nurse or housekeeping will then arrange for the proper containment, clear up and cleansing of the spillage site. Any blood or other bodily fluids are disposed of using the emergency spillage kits held in Senior and Prep school surgery's, the waste is placed in the yellow hazardous waste disposal bag kept in the kits. This bag is then deposited in the clinical waste bin in the surgery, for incineration.
- f. Procedure in the event of contact with blood or other bodily fluids

The First Aider should take the following precautions to avoid risk of infection:

- a. cover any cuts and grazes on their own skin with a waterproof dressing;
- b. wear suitable disposable gloves when dealing with blood or other bodily fluids;
- c. use suitable eye protection and a disposable apron where splashing may occur;
- d. use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- e. wash hands after every procedure.

If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- a. wash splashes off skin with soap and running water;
- b. wash splashes out of eyes with tap water or an eye wash bottle;
- c. wash splashes out of nose or mouth with tap water, taking care not to swallow the water; record details of the contamination;
- d. report the incident to the School Nurse and take medical advice if appropriate

School Nurse will inform all members of staff (via SIMS and email) of any pupils who have asthma, epilepsy, diabetes (see policy Appendix 6) or any other illness or allergy and the problems these might cause (written parental consent must be obtained). In the case of an incident a record must be kept of all incidents (in or out of school) in the online reporting form / book included with the first aid kit for off site visits.

1. Date, time and place of incident.
2. Name, address and job of injured person.
3. Nature of injury.
4. When, where and how it occurred.
5. Who was in charge and signature
6. Treatment given.
7. What happened to the casualty immediately following incident.
8. A School Incident Report Form must be completed.

First Aid containers are strategically located in all buildings on site (see Appendix 2). School Nurse is responsible for carrying out a half termly check of contents on all first aid containers (Appendix 4).

School Nurse also carries out weekly checks of sports first aid kits and half termly checks of minibus first aid kits.

It is the responsibility of individual members of staff to read the Learning Support Policies for the Senior and Prep school, as relevant, and to know who is the special educational needs co-ordinator (SENCO). In the Prep school all medical and dietary information is circulated by the Prep school Secretary.

Protocols

The school nurse is responsible for ensuring the medicines stored in the locked cupboards are secure and only the appropriately trained staff have access. The locked cabinets are located in the medical room within the reception in the Prep school and the treatment room within the medical room in the senior school.

The school nurse will ensure arrangements for those pupils with specific medical conditions are agreed with pupils and parents shortly after diagnosis or as advised by the parents/carers. The school nurse

will update school first aiders on conditions such as asthma, epilepsy, diabetes and EpiPen's during first aid training or INSET, whichever is the most appropriate. The policy for asthma, epilepsy and diabetes can be found at appendix 6. The school protocols are detailed in appendix 7.

School Health Care Policy

See appendix 8.

List of Appendices

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Appendix 1:

First Aid at work (3-day course)
Trained Staff - Senior School
September 2024



School Nurse	Lucy Cook	Work Mobile 07552971983	Ext 241	Registered Paediatric Nurse
Name	Area		Contact number	Expiry date
Mr J Harper	Science		246	07/07/2025
Mr R Cain	CCF		262/263	07/07/2025
Mr J Layland	Head of Business		234	06/09/2025
Mr P Temple	Science		246	07/07/2025
Mr N Vittle	Humanities		250	07/07/2025
Miss C Cesbron	MFL		224	03/10/2026
Mrs L Cook	School Nurse		241	29/03/2026
Mrs K Whishaw	Business		315	11/10/2025
Mr N Bonnett	Drama		242	10/07/2027
Mr A Parfitt	Outdoor Pursuits		262	Level 3 Award in Outdoor First Aid 11/06/27
Ms S Lancaster	Science		246	(2 day) 15/02/2025
Mrs G Wilson	CCF		-	07/07/2025
Mr C Verrinder	CCF		-	14/12/2026

All Teaching staff on site have attended First Aid Qualification (1 Day) and Defibrillator awareness training.

Defibrillator located in Bishops Palace or Sports Hall.

Appendix 1:

First Aid staff (Paediatric)

Trained staff – Prep School September 2024



School Nurse	Lucy Cook	Work Mobile 07552971983	Ext 241	Registered paediatric nurse
Name	Area		Training	Expiry
Mrs. Z Livingstone	Prep School Office - 340		FAW (3 day)	12/05/2025
			First Aid - Paediatric	21/05/2026
Mrs S Baker	Pre school		First Aid - Paediatric	03/05/2026
Mrs J Barwell	Pre school		First Aid - Paediatric	27/06/2027
Mrs Ana Coutts	Pre school		First Aid - Paediatric	15/03/2027
Mrs D Edwards	Year 2		First Aid - Paediatric	11/10/2026
Mrs K Hobson	Reception		First Aid - Paediatric	30/01/2026
Mrs J Ingerslev	Pre school		First Aid - Paediatric	22/09/2026
Mrs Y Lewis	Breakfast club and aftercare		First Aid - Paediatric	20/04/2026
Ms N Lynn	Pre school		First Aid - Paediatric	29/03/2026
Mrs L Taylor	Year 1		First Aid - Paediatric	22/09/2026

All Teaching staff on site have attended First Aid Qualification (1 Day) and Defibrillator awareness training.
Defibrillator located outside Prep Head Office
Bishops Palace or Sports Hall.

Appendix 2: Location of First Aid Containers

Senior School:

Buildings	Sign/List	Box	BK	Location	RM
DT1	1	1		Classroom	22.2
DB1					
DT2	1	1		Lobby Area	23.1
School Office	1			Lobby Area	1.1
Laundry/Housekeeping	1	1		Office	1.2
Theatre	1	1		Auditorium	2.6
Art Office	1	1		Classroom	5.5
Humanities	1	1		Entrance Lobby	7.1
Chatterton Hall	1	1		Front Lobby	9.1
Teaching Block	1	1		Entrance Lobby	10.1
CCF	1	1		Entrance Lobby	16.1
Sports Hall (lobby)	1	1		Entrance Lobby	11.1
Sports Hall		1		Sports Office	11.5
Fitness Suite	1	1		Inside Main Door	12.1
Squash Courts	1	1		Entrance Lobby	14.1
Main Kitchen	1	1			26.24
Main Kitchen		1	BK		26.24
Sixth Form Café	1		BK		26.23
Accounts	1	1		Kitchen	26.59
Palace Staff Common Room	1	1			26.9
Work Room Lobby	1	1			26.18
Science Block	1	1		GF In Prep Room	17.8
Science Block	1	1		FF In Prep Room	17.13
Grounds Compound	2	2			13.1
Maintenance	1	1		Kitchen	24.5
ICT	1	1		IT Corridor by Fire Exit	26.72
Sixth Form Office Lobby	1	1			26.81
Café					
Hillborne Garden					
Lower Pavilion		1			
School Nurse Office				Trauma kit x2 (one to move to grounds)	
				Critical incident bag	
BK= Burns Kit					

Prep School:

Buildings	Sign/List	Box	BK	Location	RM
Stapleton Court	1	1		Entrance Lobby	1.1
Old Rectory	1	1		By Cleaners Room	1.15
Stapleton Court	1	1		FF Outside Staff Common RM	1.45
Old Rectory	1	1		FF Top Middle Wooden Stairs	1.55
Stapleton Court	2 B/Bags			First Aid Room	1.3
Stapleton Court	3 S/Bags			First Aid Room	1.3
Old Rectory		1		New 2018 DT Room	1.28
Teaching Block	1	1		Entrance Lobby	4.1
Teaching Block	1	1		FF Left Hand Corridor	4.26
Teaching Block		1		Science Classroom	4.14
EYSF New Build	1	1		Classroom 1	7.4
EYSF New Build		1		Dinning Room	7.14
EYSF New Build		1		Classroom 3	1.18
EYSF New Build		1	1	Kitchen	
Bleed Kit				Reception 7/27	

Mini Buses:

DP73MJU		1	Door Pocket
DP73MVJ		1	Door Pocket
DP73MHZ		1	Door Pocket
DY24 VZL		1	Door Pocket
HG59CZK		1	Door Pocket
HK72 FCY		1	Door Pocket
DP73MJU		1	Door Pocket

NB Monthly/Termly checks recorded on live document found here:

S:\2. Support Folders\Health And Safety\@First Aid Boxes

Appendix 3: Requirements for First Aid Containers

The following contents are sufficient for low risk areas (e.g. offices, library, computer labs, and teaching rooms):

Work place First Aid Containers:

- a. A leaflet giving general guidance on first aid
- b. 20 individually wrapped sterile adhesive dressings (plasters) in assorted sizes appropriate to the work environment.
- c. 2 sterile eye pads with attachments
- d. 4 individually wrapped triangular bandages (preferably sterile)
- e. 6 safety pins
- f. 6 medium-sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
- g. 2 large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings
- h. 1 pair of disposable gloves

Travelling First Aid Containers:

- a. 1 leaflet giving general guidance on first aid
- b. 6 individually wrapped sterile adhesive dressings (plasters) in assorted sizes.
- c. 2 individually wrapped triangular bandages (preferably sterile)
- d. 2 safety pins
- e. 1 Large individually wrapped sterile unmedicated wound dressings (approximately 18cm x 18cm)
- f. 1 pair of disposable gloves
- g. Individually wrapped moist cleaning wipes

Appendix 4: School Incidents Resulting in Injury or Near Miss Reporting

All incidents to pupils occurring on the school premises, or on a trip or activity organised by the school, must initially be reported on the online form by the member of staff who dealt with the incident.

Link to the form below:

https://forms.office.com/Pages/ResponsePage.aspx?id=fvcgFz1BI0uIEnw9WCdY3_kcOzLAyIRMjgJsi3PLwNNURFAYJc3VExBWjJGTEE2NUJXRE5QUEE3Ny4u

Off site visits have an accident book included in the first aid box for completion and return to the School Nurse.

Appendix 5: Asthma, Epilepsy and Diabetes Policy

ASTHMA POLICY

Asthma attack – what to do

IF AN ASTHMATIC PUPIL BECOMES BREATHLESS AND WHEEZY OR COUGHS CONTINUALLY:

- a. KEEP CALM, it is treatable
- b. Let the pupil sit down in the position that they find most comfortable. Do not make them lie down
- c. Let the pupil take their usual reliever treatment – must be their own medicine
- d. Wait 5 – 10 minutes
- e. If the symptoms disappear the pupil can go back to what they were doing
- f. If the symptoms continue contact School Nurse or get another pupil to fetch her

A SEVERE ASTHMA ATTACK:

- g. Normal relief medication does not work at all
- h. The pupil is breathless enough to have difficulty in talking normally
- i. Rapid breathing of 30 breaths per minute or more
- j. The pulse rate is 120 per minute or more

HOW TO DEAL WITH A SEVERE ASTHMA ATTACK:

- k. Follow school protocol. If School Nurse is not available take the pupil to the nearest casualty department or phone for an ambulance.
- l. Always have a driver and another adult if using a car
- m. The sports staff are aware that some pupils will need to use their inhalers prior to exercise. This helps to prevent exercise induced asthma.
- n. If a pupil does become wheezy or breathless during sport they should always be allowed to take further medication if required.
- o. No pupil should be forced to participate in exercise if they are too wheezy to continue.

NB: Pupils who do not carry their inhaler will not be allowed to participate in physical activities or school visits/trips.

Since October 2014, Head teachers have been authorised to purchase emergency inhalers. Collegiate School has 2 inhalers, stored in Senior and Prep school for emergency use only.

EPILEPSY POLICY

Seizure – General Recognition:

- a. Sudden unconsciousness, often letting out a cry.
- b. Rigidity and arching of back.
- c. Convulsive movements.
- d. Breathing may cease, lips become grey blue tinged.
- e. Muscles relax and breathing becomes normal, the pupil recovers within a few minutes.

Aims:

- a. To protect from injury.
- b. To give care when consciousness is regained.
- c. To arrange ambulance if necessary.

Treatment of seizure:

- p. Try to ease fall, make space around, ask bystanders to move away.
- q. Remove potentially dangerous items.
- r. Note the time of seizure.
- s. If possible, protect the pupils head with soft padding. Loosen clothing around the neck.
- t. When the seizure has ceased, open the airway and check breathing.
- u. Place in the recovery position, monitor and record level of response, pulse and breathing.
- v. Note the duration of the seizure.

Warning:

- a. Dial 999/112 from mobile for ambulance.
- b. Pupil is unconscious for more than 10 minutes.
- c. The seizure continues for more than 5 minutes.
- d. Pupil is having repeated seizures or no history of seizures.

DIABETES POLICY

Hyperglycaemia (high blood sugar), general recognition:

- a. Warm, dry skin, rapid pulse and breathing.
- b. Fruity/sweaty breath and excessive thirst.
- c. If untreated, drowsiness, then unconsciousness.

Aims

- a. To arrange urgent transport to hospital.

Treatment of HYPERglycemia:

- a. DIAL 999/112 FOR AN AMBULANCE.
- b. If the casualty is unconscious, place them in the recovery position.
- c. Monitor and record vital signs- response, pulse, and breathing.

HYPOglycemia (low blood sugar) – General Recognition:

- a. History of diabetes; the pupil may recognize the onset of a “hypo”.
- b. Weakness, faintness, or hunger.
- c. Palpitations and muscle tremors.
- d. Change in mood.
- e. Sweating and cold, clammy skin.
- f. Pulse may be rapid and strong.
- g. Deteriorating level of response.
- h. Diabetics warning card, medi-bracelet, glucose tablets.

Aims:

- a. To raise the sugar content of the blood as quickly as possible.

- b. To obtain medical aid if necessary.

Treatment of HYPOglycemia:

- a. Help the pupil to sit down. Give her a sugary drink, sugar lumps or other sweet food; or her own glucose gel, help her take it.
- b. If the pupil responds quickly; give more food or drink.
- c. Rest until better.
- d. If her condition does not improve, monitor level of response.
- e. Call 999/112 from mobile if any deterioration.
- f. If consciousness is impaired DO NOT give food or drink.

Appendix 6: School Protocols

- a. Prior to pupils being given paracetamol or any other medical care parents must have signed an indemnity form and must be recorded with Medicines Administered Form. The white copy is to be given to the pupil and the pink copy retained by the school. Unless parents have specifically stated they do not wish their child to be given paracetamol or other medical care by the school nurse (all care which is considered necessary will be given). Parents who do not sign the indemnity form are to be contacted prior to any care being given and records kept of the telephone call.
- b. Any prescribed medication should be clearly labelled and accompanied by a letter of consent from the parent/guardian for the medication to be administered by the school Nurse.
- c. All pupils under the age of sixteen years who bring prescribed medicines into School are to give them to the school nurse to be locked away during school hours returning at the necessary times to take them.
- d. All prescribed drugs (or those deemed to be hazardous to health if misused) are to be kept in a locked cupboard attached to an external wall.
- e. In the event of a pupil needing to go to hospital, parents are to come in and take them. If this is not possible then pupils are to be accompanied to the hospital and parents will meet them there.
- f. If a pupil is deemed to be unwell and should not be in school, parents are informed (where possible the pupil is to be collected from the sickbay).
- g. In the event of the School nurse being off the premises any child needing medication (i.e. paracetamol for headache) should only be given after the permission of the parents has been obtained (and any allergies ascertained). The medication is to be taken under adult supervision within the surgery. Under no circumstances is any medication to be taken away from the surgery.
- h. Medication is only to be given by the School nurse (unless she is off premises the procedure above applies)
- i. Bio hazard disposal packs are provided as a safe system for the disinfection and removal of blood, vomit and urine. The disposal of these items dealing with the spillage of the bodily fluids must be via the appropriate clinical waste disposal company. (contract).

Appendix 7: School Health Care Policy Check List

- a. Where appropriate pupils should have individual care plans.
- b. Consent is obtained for pupil's medical care from parent/guardian when they join/enter the school.
- c. If confidentiality of a pupil needs to be breached then consent from the pupil's parent/guardian must first be obtained.
- d. Parents should be encouraged to provide the school with full information about their child's health care needs.
- e. All pupils with chronic and complex health care needs should be included in school routines and activities where ever possible.
- f. For health and safety reasons no child should carry their own medication on school premises. All medication should be properly packaged and labelled by the parent and given to the School Nurse to be taken at the correct times except for asthma inhalers and EpiPen's for allergies.
- g. All children should have access to their medication when required.
- h. Non-prescription drugs may be given to pupils by School Nurse only in the Senior school with the exception of Calpol which may be administered in the Prep school.
- i. The giving of all medication is to be accurately recorded.
- j. All staff should be aware to follow basic hygiene procedures and use disposable gloves.

Appendix 8: Prep school Medication & First Aid Protocol

- a. Prior to the administration of any medication or any First Aid being given, all parents must complete and return a 'Medical Report' form. (Appendix 10)
- b. For occasional medication, such as a prescribed antibiotic, parents must complete a 'Parental Agreement for Collegiate Prep school to Administer Medicine' form. (Appendix 11)
- c. A record of any medication administered is made using the 'Collegiate Prep school – Administration of Medicines' form (Appendix 11). This is used in all instances, even when a parent has completed the 'Parental Agreement for Collegiate Prep school to Administer Medicine' form. One copy of the 'Collegiate Prep school – Administration of Medicines' form is retained by the school and the other is given to the child to take home.
- d. A record of any First Aid given is made using the 'Collegiate Prep school - First Aid Treatment' form. (Appendix 13), One copy of the 'Collegiate Prep school - First Aid Treatment' form is retained by the school and the other is given to the child to take home.
- e. In the case of a bumped head, a record is made using the 'I Bumped My Head at School Today' form. (Appendix 12), One copy of this form is retained by the school and the other is given to the child to take home. The child is also issued with an 'I bumped my head' sticker.
- f. All incidents are recorded using the Incident Book and a school 'Pupil Incident Report' form. (Appendix 5), Copies of these are retained by the school and circulated to the appropriate staff.
- g. Parents and carers are informed of all incidents or injuries sustained by their child. In the case of a serious incident, requiring hospital treatment, all records are completed as indicated and in addition parents and carers are contacted immediately by telephone. In the case of minor incidents and injuries parents are informed using the 'Collegiate Prep school - First Aid Treatment' form. In most instances a member of staff will also speak to a parent or carer.

Appendix 9: Prep school Medical Form:

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PRE-SCHOOL TO SIXTH FORM

Medical Information and Consent Form

Pupil Name Date of Birth

Year

Parent/Guardian:

Telephone: Mobile Home Business

Email:

Parent/Guardian:

Telephone: Mobile Home Business

Email:

In order to meet our safeguarding requirements, we need 3 emergency contacts. Please provide at least one more contact below.

Name: Relationship to Pupil

Telephone: Mobile Home Business

Name: Relationship to Pupil

Telephone: Mobile Home Business

Medical Contact Information

NHS Number (if known):

Name of Child's Doctor:

Name and Address of Surgery

.....

.....

Postcode:

Telephone:

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Medical Conditions: Does your child have any of the following, if so please provide details.

Asthma:	YES/NO
Diabetes (Type 1 or 2):	YES/NO
Epilepsy:	YES/NO
Mental Health Conditions	YES/NO
Other:	YES/NO

Please expand on any details:

Please confirm your child has been immunised against Tetanus and provide the dates:

YES/NO Date:

Has your child any condition which makes school games inadvisable? YES/NO

Does your child attend any regular hospital/GP clinics? YES/NO

Does your child have a history of seizures? YES/NO

Has your child any defect of vision/hearing? YES/NO

If 'yes' has the defect been corrected by glasses/hearing aid? YES/NO

Has your child had any other illnesses or operations? YES/NO

Is there a family history of diabetes, epilepsy or other conditions
which may affect them? YES/NO

If you have answered yes to any of the above, please expand on any details:

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Allergies: Does your child have any allergies (e.g. foods, pollen, stings, medicines etc)?
Please provide details below:

Cause of allergy:
.....
Reaction to the allergen:
.....
Treatment to be used:
.....

Dietary Requirements (non-medical): Does your child have any special dietary requirements? Please tick all those below that apply.

Vegetarian ☐ Halal ☐ Gluten free ☐ Vegan ☐

Other (please state)

Medications: Is your child taking any prescribed medication (not including an asthma inhaler)? YES/NO

If 'yes' please list the name of each medication, dose and frequency.

1.
2.
3.

Please tick the option below which applies to use of inhalers for Asthma:

- ☐ My child is not asthmatic and does not require an inhaler at any time.
☐ My child will only require an inhaler for residential trips and I will ensure they have this with them when appropriate.
☐ My child must carry an inhaler with them at all times and I have provided the School Nurse with a spare.

Do you give permission for the school staff to administer the following specific prescribed medication as required during the school day? If yes, please note that a spare inhaler/epipen should be provided and kept with the School Nurse.

Asthma Inhaler: YES/NO/Not Applicable
Auto-injector including epipen: YES/NO/Not Applicable

Other (Please specify):

Do you give permission for the school staff to administer the following non-prescription medication as required during the school day? Please tick all that apply.

Ibuprofen ☐ Paracetamol ☐ Piriton/Cetirizine ☐ Throat Lozenges ☐

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Please attach any other medical or family details you feel may be helpful to staff at school.

The school has qualified nursing staff/qualified first aiders to deal with emergencies during the school day, but *children who are clearly unwell should not be sent to school.*

Emergency medical treatment (as stated in Section 7 of The Parent Contract):

The Parents authorise the Head to consent on behalf of the Parents to the Pupil receiving emergency medical treatment including blood transfusions within the United Kingdom, general anaesthetic and operations under the National Health Service or at a private hospital where certified by an appropriately qualified person necessary for the Pupil's welfare and if the Parents cannot be contacted in time.

N.B Please ensure that you supply any medication required for emergency treatment, clearly labelled with your child's name and direction for use, to the School Nurse (Senior School Pupils) or the Prep School Office (Prep School Pupils). Please note expiry dates. Pupils with asthma inhalers and epipens must also carry these with them and take them on all school trips and to all sports lessons and fixtures.

Could you please sign below if you are willing for the school nurse/qualified first aider to administer medication and/or treatment as necessary to your child during the school day, *no medication even paracetamol, can be given without parental consent.*

Permission for School to Administer First aid/Medication

I agree to the administration of such medications as the School Nurse or other qualified First Aider deems necessary for my child including both prescription and non-prescription medications, and for dental treatment, medical treatment, including general anaesthesia, to be administered in an emergency to my child during school hours, while participating in school activities and on school trips, if staff are unable to contact me.

Pupil Name: Tutor Group:

Signed: Print name:
(Parent/Guardian)

Date:

If you wish to return this form by email, please return to this email address:

admissions@collegiate.org.uk making your child's name is in the subject line.

Otherwise, please provide a handwritten signature and return by post or via your child as below.

School Nurse, Mrs L Cook, Collegiate School, Bell Hill, Stapleton BS16 1BJ

If your child's medical circumstances change, you must notify the School Nurse by email at nurse@collegiate.org.uk immediately to ensure that the record is up to date.

Thank you for your co-operation with this important information about your child's health and well-being while at school.

Appendix 10: Senior school Medical Form for Trips:

Education Visits and Trips Annual Medical Form 2019-2020

All pupils at Collegiate are required to gain medical consent for school visits/trips. This form is designed to collect that information once and to hold it on file for the duration of the school year.

Pupil's Name: _____ **Year:** _____ **House:** _____

Date of Birth: _____

Home Address:

Postcode: _____

Parent/Guardians names and contact numbers (home, business and mobile)

Name _____ (H) _____ (B) _____
(M) _____

Name _____ (H) _____ (B) _____
(M) _____

EMERGENCY contacts when parent is not available

Name: _____ **Relationship to Pupil:** _____
(H) _____ (B) _____ (M) _____

Name: _____ **Relationship to Pupil** _____
(H) _____ (B) _____ (M) _____

Name and Address of Pupil's Doctor

Postcode _____

Telephone: _____

Medical Information

Does your child have any of the following conditions?

Asthma	↑	yes	↑	no	Eczema	↑	yes	↑	no
Diabetes	↑	yes	↑	no	Migraine	↑	yes	↑	no
Epilepsy	↑	yes	↑	no	Other	↑	yes	↑	no

If 'yes' please give details of conditions:

Does your child attend any hospital/GP clinics? If so, please give details:

Date of last tetanus immunisation (if known)_____

Allergies

Does your child have any allergies e.g. foods, pollen, stings, medicines etc?

yes ↑ no ↑

If 'yes' please give details of the allergen.

How does your child react to the allergen?

What treatment has been used to date for this reaction?

N.B Please ensure that you supply any medication required for emergency treatment clearly labelled with your child's name and direction for use. Please note expiry dates.

Medications

Is your child taking any routine medication **including asthma inhalers**? yes ↑ no ↓

If 'yes' please list the name of each medication, dose and frequency.

1 _____

2 _____

3 _____

Homely Remedies

If required, do you give permission for the School Nurse, or other qualified First Aider to administer non-prescription medications to your child during school hours, while participating in school activities, or on school trips?

Signed _____ Date _____

(Parent)

Emergency Treatment

I agree to the administration of such medications as the School Nurse or other qualified First Aider deems necessary for my son/daughter and for dental treatment, medical treatment, including general anaesthesia, to be administered in an emergency to my son/daughter during school hours, while participating in school activities and on school trips, if staff are unable to contact me.

Signed _____ Date _____

(Parent)

If you wish to return this form by email, please return to this email address: schooladmin@collegiate.org.uk making your child's name the subject line. Otherwise, please provide a handwritten signature and return by post or via your son/daughter to the School Nurse, Collegiate School, Bell Hill, Stapleton BS16 1BJ

If your child's medical circumstances change, you must notify the School Nurse by email at SchoolNurse@collegiate.org.uk immediately to ensure that the record is up to date.

Thank you for your co-operation with this important information about your child's health and well-being while at school.

Appendix 11: Parent Agreement for Collegiate School to Administer Medicine Form

Parental Agreement for Collegiate Prep school to administer medicine.				Date:		(Care plan implemented)	
Collegiate Prep school will not give your child medicine unless you complete and sign this form. This consent will enable staff to administer medicine.				Pupil Name:			
Name of medicine to be administered:							
Dose to be given:						Expiry Date:	
When to be given and duration:							
Any other instructions:							
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	For office use only
<p>The above information is, to the best of my knowledge, accurate at the time of signing and I give consent for the school to administer the above medicine in accordance with the school policy. I will inform the school if there is any change in dosage or frequency of the medication. Medicine must be in the original container as dispensed by the pharmacy</p> <p>Parent Signature: _____ Date: _____</p> <p>Print Full Name: _____</p> <p>This form should be kept with the medicine, filled in and then filed upon completion of course.</p>							

Appendix 12: Head Injury Report & Graduated Return to activity (GRAS)

Head Injury Form

Date:	Time:	Class:
-------	-------	--------

Pupil name: _____

Injury and how it occurred (Circle location on image) _____

School nurse (Tick appropriate box):	Yes:		No:		N/A:
Ambulance called (Tick appropriate box):	Yes:		No:		N/A:
Parents contacted at time of injury:	Yes:		No:		N/A:

Form completed by: _____

Even after an apparently minor head injury, complications may occur, If you notice any of the following signs:

1. *Continuing drowsiness or difficulty in waking from sleep.*
2. *Appears confused or not understanding what is said to him or her/Irritable*
3. *Vomiting.*
4. *Complaining of severe headache or trouble with their eyesight.*
5. *Cries more than usual or is more difficult to settle than usual.*

If you are concerned about your child you are advised to attend your local A&E or call 111/999

Original to parent / copy to file



GRAS: Graduated Return to activity and sport

See Headcase GRAS programme for in depth information for each stage

https://keepyourbootson.co.uk/wp-content/uploads/2023/11/GRAS-Programme_Aug_2023.pdf

Students Name		Date player first reported to Nurse:	
Symptoms displayed:			

6 Stage GRAS	Date	Recommendation	Date completed	Nurse review questions completed satisfactorily – Signed by Nurse	Nurse emailed coach and HoH with progress report?
Date of concussion:		Assessed by GP/A&E			
Stage 1	Day 0/1	Initial relative rest (avoid screens)			
Stage 2	Day 2	Daily activities/ light physical activity			
Stage 3	When able	Aerobic and low-level body weight resistance training			
Report to School Nurse		Report to School Nurse			
Stage 4	Day 8	Sport specific non-contact training drills			
Stage 5	Day 15	Full contact practice			
Report to School Nurse		Report to School Nurse			
Stage 6	Day 21	Return to play			

NOTE: Provided the player remains symptom free the above process will take no less than 21 days.

All players must be medically cleared to play if concussion has been noted.

This applies to all clubs/school sides a player belongs to and it is their/the parent's responsibility to advise other schools/clubs of concussion.

GRAS QUESTIONS FOR SCHOOL NURSE:

- Have you experienced any vomiting today?
- Have you had any dizziness or loss of balance today?
- Have you had any visual problems, such as not being able to focus, blurred vision, not being able to see out of part of your eye today?
- Have you had any headaches today?

*If the answer to any of these is **YES** then the pupil should be referred to their GP. If the answer is **NO** then the GRAS sheet may be signed off.*

The following student has completed a program of GRAS – print name:	
Signature of concussed student:	
Signature of School Nurse:	

Appendix 13: Administration of Medicines Report

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PRE-SCHOOL TO SIXTH FORM



Administration of Medicines

Date: _____ Time: _____ Class: _____

Name of Pupil: _____

Name of Medicine: _____

Dosage to be Administered: _____

Reason for Administration: _____

Additional Information (If required): _____

Matron/Ambulance called: _____ Yes / No / NA

Parents contacted at the time medicine was administered: _____ Yes / No / NA

Form Completed By: _____

Original to Parents / Pink copy to file.

Appendix 14 Guidance on Infection control in schools and other childcare settings (Public Health England 2016)

Rashes and skin infections - **Children with rashes should be considered infectious and assessed by their doctor.**

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances

Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

Respiratory Infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

Other Infections:

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen

Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis, A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic